

Treatment Selection Worksheet

Candidate # _____

Write in Shaded Areas Only: unshaded areas are for Examiner Use Only June 2003

Tooth Number _____ Probing depths >3mm D/F _____ F _____ M/F _____ M/L _____ L _____ DL _____

Surface Treated								
	M							
	F							
	D							
	L							

Tooth Number _____ Probing depths >3mm D/F _____ F _____ M/F _____ M/L _____ L _____ DL _____

Surface Treated								
	M							
	F							
	D							
	L							

Tooth Number _____ Probing depths >3mm D/F _____ F _____ M/F _____ M/L _____ L _____ DL _____

Surface Treated								
	M							
	F							
	D							
	L							

Tooth Number _____ Probing depths >3mm D/F _____ F _____ M/F _____ M/L _____ L _____ DL _____

Surface Treated								
	M							
	F							
	D							
	L							

Tooth Number _____ Probing depths >3mm D/F _____ F _____ M/F _____ M/L _____ L _____ DL _____

Surface Treated								
	M							
	F							
	D							
	L							

Tooth Number _____ Probing depths >3mm D/F _____ F _____ M/F _____ M/L _____ L _____ DL _____

Surface Treated								
	M							
	F							
	D							
	L							